

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/27/01
O.I.P.E. CLASSIFIER		49	8/31/01
FORMALITY REVIEW	YF	956	09/25/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 ○ _____ Allowed I _____ Interference
 (Through numeral) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Final	Original	Date
1	✓	✓	8/27/01
2	✓	✓	8/27/01
3	✓	✓	8/27/01
4	✓	✓	8/27/01
5	✓	✓	8/27/01
6	✓	✓	8/27/01
7	✓	✓	8/27/01
8	✓	✓	8/27/01
9	✓	✓	8/27/01
10	✓	✓	8/27/01
11	✓	✓	8/27/01
12	✓	✓	8/27/01
13	✓	✓	8/27/01
14	✓	✓	8/27/01
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43	✓	✓	8/27/01
44	✓	✓	8/27/01
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46	✓	✓	8/27/01
47	✓	✓	8/27/01
48	✓	✓	8/27/01
49	✓	✓	8/27/01
50	✓	✓	8/27/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

2/19/02
 2/19/01